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June 30, 2006

Marnie K. Sarver 202.719.4289 msarver@wrf.com

ELECTRONICALLY FILED (VIA ECFS)

Marlene H. Dortch, Secretary Federal Communications Commission 445 Twelfth Street, S.W. Washington, DC 20554

Re: MB Docket No. 03-15

KOBI-DT, Medford, OR (Facility Id. #8260)

Request for Waiver of Replication/Maximization Interference

Protection Deadline

Dear Ms. Dortch:

On behalf of California Oregon Broadcasting, Inc. ("COBI"), the permittee of digital television ("DTV") station KOBI-DT, Medford, Oregon (Facility Id. #8260), we hereby request a waiver of the July 1, 2006 replication/maximization interference protection deadline applicable to this station. See Second Periodic Review of the Commission's Rules and Regulations Concerning the Transition to Digital Television, MB Docket No. 03-15, FCC 04-192, ¶ 78 (rel. Sept. 7, 2004) ("Second Periodic Review"). This request is being filed electronically through ECFS pursuant to the FCC's public notice regarding requests for waiver of the deadline. See Public Notice, DTV Channel Election Issues – Compliance with the July 1, 2006 Replication/Maximization Interference Protection Deadline; Stations Seeking Extension of the Deadline, DA 06-1255 (rel. June 14, 2006).

KOBI currently operates on NTSC channel 5 and DTV channel 15. KOBI has received a tentative channel designation of channel 5 for its post-transition DTV operations. As a digital television permittee that has received a tentative channel designation on its analog channel, KOBI is required to be operating by July 1 with DTV facilities that serve at least 80 percent of the population served by its 1997 NTSC facility. As explained below, KOBI will not provide the required 80 percent service on channel 15 by the July 1 deadline and hereby requests a waiver and brief extension of the replication/maximization deadline to preserve interference protection for its carry-over replication contour.

Federal Communications Commission June 30, 2006 Page 2

The KOBI CP specifies an ERP of 66.5 kW and an antenna height above average terrain ("HAAT") of 835 meters. KOBI is currently operating with an ERP of 600 watts at a HAAT of 835 meters pursuant to special temporary authority ("STA"). See FCC File No. BDSTA- 20021011ABZ, as extended. The KOBI STA facility does not comply with the 80 percent coverage requirement.

On June 19, 2006, KOBI filed an application for modification of its DTV CP to reduce ERP to 40 kW. *See* FCC File No. BMPCDT-20060619AAW. As set forth in Exhibit 41 of the application, the proposed 40 kW channel 15 facility would serve 81.3 percent of the target baseline service population, which satisfies the 80 percent population match requirement of the DTV channel election process. That application remains pending. Upon grant of the application, KOBI will promptly take the necessary steps to commence operation with 40 kW and file a license application to cover the CP.

Accordingly, COBI respectfully requests that the Commission grant a brief waiver of the interference protection deadline for KOBI pending grant of BMPCDT-20060619AAW and submission of the Form 302 for license.

If there are any questions concerning this matter, please contact the undersigned.

Sincerely,

Marnie K. Sarver

cc (by email): Shaun Maher

Warme H. Sarver

This STA will expire on July 1, 2006. Concurrently with this filing, COBI is requesting an extension of the reduced power STA via electronic filing, a copy of which is attached hereto.

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Extension of Existing Engineering	SSIA	FOR COMMISSION USE ONLY FILE NO. - 20060630AGK
Read Instructions/FAQ before filling out form		

Sec	tion I - General Information				
1.	Legal Name of the Applicant CALIFORNIA OREGON BROADCASTING, INC.				
	Mailing Address P.O. BOX 1489				
	City MEDFORD	State or Country (if foreign address) OR	Zip Code 97501 -		
	Telephone Number (include area code) 5417795555		E-Mail Address (if available) ADMIN@KOBI5.COM		
	FCC Registration No 0001547462	Call Sign KOBI	Facility ID Number 8260		
2.	Contact Representative (if other than MARNIE K. SARVER, ESQ.	Firm or Company Name WILEY REIN & FIELDING LLP			
***************************************	Mailing Address 1776 K STREET, NW				
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20006 -		
	Telephone Number (include area code) 2027194289		E-Mail Address (if available) MSARVER@WRF.COM		
3.	Purpose: C Engineering STA				
	© Extension of Existing Engineering STA File Number: BDSTA - 20021011ABZ				
	C Legal STA				
	C Extension of Existing Legal STA				
4.	4. Service: DS				
5.	Community of License: City: MEDFORD State: OR				
6.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): C Governmental Entity C Noncommercial Educational Licensee/Permittee C Other				
7.	operations at variance from the Cou the specific rules and/or policies from the STA and the licensee's plan	rdinary circumstances" which warrant temporary mmission's Rules. In addition, please specify 1) om which the applicant seeks temporary relief; arthered by grant; and 3) the expected duration for restoration of licensed operation. If a authorized technical facilities, please specify	[Exhibit 36]		
8	Anti-Drug Abuse Act Certification any party to the application is subjection	€ Yes C No			

Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.

I hereby certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing PATRICIA C. SMULLIN	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date (mm/dd/yyyy) 6/30/2006

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits

Exhibit 36

Description: JUSTIFICATION

THE APPLICANT HEREBY REQUESTS EXTENSION OF ITS SPECIAL TEMPORARY AUTHORITY (STA) TO OPERATE REDUCED POWER DTV FACILITIES.

CONCURRENTLY HEREWITH, THE APPLICANT IS ELECTRONICALLY SUBMITTING A REQUEST FOR WAIVER OF THE JULY 1, 2006 USE-OR-LOSE DEADLINE IN MB DOCKET NO. 03-15. THE JUSTIFICATION FOR THIS STA EXTENSION IS CONTAINED IN THAT WAIVER REQUEST, A COPY OF WHICH IS ATTACHED HERETO.

Attachment 36

	Description
KOBI DTV Waiver Request	



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Federal Communications Commission June 30, 2006 Page 2

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Sincerely, Marine H. Sarver

Marnie K. Sarver

cc (by email): Shaun Maher

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Remittance ID:989584 Authorization Number:610315 Successful Authorization -- Date Paid: 6/30/06 FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING (1) LOCKBOX #358165	REMITTANO FORM PAGE NO	CE ADVICE		APPROVED BY OMB 3060-059 PECIAL USE CC USE ONLY
	SECTION	A - Payer Information	<u> </u>	
(2) PAYER NAME (if paying by cred CALIFORNIA OREGON 1		rs on your card)	(3) TOT \$150.	TAL AMOUNT PAID (dollars and cents) $oldsymbol{00}$
(4) STREET ADDRESS LINE NO. 1				
125 S. FIR ST.				
(5) STREET ADDRESS LINE NO. 2				
P.O. BOX 1489				
(6) CITY MEDFORD			(7) STATE OR	(8) ZIP CODE 97501
(9) DAYTIME TELEPHONE NUMB 541-7795417	ER (INCLUDING AREA CODE)	(10) COU US	NTRY CODE (IF 1	NOT IN U.S.A.)
FCC REG	SISTRATION NUMBER (FRN) AN	D TAX IDENTIFICATIO	N NUMBER (TIN)	REQUIRED
(11) PAYER (FRN)		(12) FCC USE ONL	Y	
0001547462				
IF PAY	ER NAME AND THE APPLICAN MORE THAN ONE APPLICANT	T NAME ARE DIFFEREN	T, COMPLETE S	ECTION B
(13) APPLICANT NAME CALIFORNIA OREGON (14) STREET ADDRESS LINE NO.				
P.O. BOX 1489 (15) STREET ADDRESS LINE NO.	2			
(16) CITY MEDFORD			(17) STATE OR	(18) ZIP CODE 97501-
(19) DAYTIME TELEPHONE NUM 5417795555		USA	NTRY CODE (IF N	·
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	CTION C FOR EACH SERVICE, I			
	кові	(24A) Payment Type	Code(PTC) MGT	(25A) Quantity 1
	150.00	(27A) Total Fee	\$150.00	FCC Use Only
(28A) FCC CODE 1 82	.60	(29A) FCC CODE 2	CDBS200600	530AGK
(23B) FCC Call Sign/Other ID		(24B) Payment Type	Code(PTC)	(25B) Quantity
			Couc(FIC)	
(26B) Fee Due for (PTC)		(27B) Total Fee		FCC Use Only

(28B) FCC CODE 1 (29B) FCC CODE 2

FCC MB - CDBS Electronic Filing Application Reference Number: 20060630AGK Successfully filed at Jun 30 2006 5:50PM

A Fee Payment is Required for this application. The Total Fee is \$150.

You can use the FCC's Electronic Form 159 System to pay electronically and/or to print out an appropriate Form 159. Press the button below now or return to this screen later by pressing the "Pay Fee" button on the CDBS Main Menu/ Informal Menu. See the <u>CDBS User's Guide</u> for more information about fee payment.

Electronic Form 159	Return to Informal Menu
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Payment must be received by Mellon Bank within 14 (calendar) days of the date that the application is officially received by the Media Bureau's electronic filing system (indicated by the reference number above). This deadline applies to any payment submission method (electronic or via a paper check). If payment is not received in time, the filed application will be considered to be **not paid** and will therefore not be processed by the MB.